

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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17CV 268

COMPLAINT
FOR EMPLOYMENT
DISCRIMINATION

Jury Trial: ☐ Yes ☒ No
(check one)

Kaytina Brown
40-05 Tenth Street
L.I.C., NY 11101
(In the space above enter the full name(s) of the plaintiff(s).)

-against-

NYU Langone Medical Center
One Park Avenue
New York, NY 10016

(In the space above enter the full name(s) of the defendant(s).
If you cannot fit the names of all of the defendants in the space
provided, please write "see attached" in the space above and
attach an additional sheet of paper with the full list of names.
Typically, the company or organization named in your charge
to the Equal Employment Opportunity Commission should be
named as a defendant. Addresses should not be included here.)

This action is brought for discrimination in employment pursuant to: (check only those that apply)

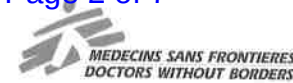
☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).
NOTE: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.

☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 - 634.
NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.

☐ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 - 12117.
NOTE: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.

☒ New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297 (age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status).

☒ New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131 (actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status).



WE CAN REWRITE THE STORY OF MALNUTRITION

All 14 Employee's

1. Kaytina Brown, Black
2. Joanne Bonneau, Black
3. Desmond Lawrence, Black
4. Gary Hayes, Black
5. Shawn Cobb, Black
6. Gerald Tibbs, Black (New hire)
7. Yateshvar Persaud, Indian
8. Hilary Wiener, Jewish
9. Jamal Phillips, Haitian
10. Jeremy ?, Latino
11. Martin Rosario, Latino
12. Grey Rosario, Latino
13. Antonio Hernandez, Latino
14. Darren ?, Latino (New hire)

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I. Parties in this complaint:

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Kaytina Brown
 Street Address 40-05 Tenth Street
 County, City Queens
 State & Zip Code New York 11101
 Telephone Number 646 406-1057

- B. List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant Name Mr. Ja'ish Harris
 Street Address One Park Avenue
 County, City New York
 State & Zip Code NY 10016
 Telephone Number 646 501-2229

- C. The address at which I sought employment or was employed by the defendant(s) is:

Employer NYU Langone Medical Center
 Street Address One Park Avenue
 County, City New York
 State & Zip Code NY 10016
 Telephone Number 646 501-2229

II. Statement of Claim:

State as briefly as possible the facts of your case, including relevant dates and events. Describe how you were discriminated against. If you are pursuing claims under other federal or state statutes, you should include facts to support those claims. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. The discriminatory conduct of which I complain in this action includes: *(check only those that apply)*

☐ Failure to hire me.
☐ Termination of my employment.
☐ Failure to promote me.
☒ Failure to accommodate my disability.
☐ Unequal terms and conditions of my employment.

_____ Retaliation.

_____ Other acts (specify): _____

Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.

B. It is my best recollection that the alleged discriminatory acts occurred on: 1/26/2015
(Date(s))

C. I believe that defendant(s) (check one):

☒ is still committing these acts against me.

_____ is not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check only those that apply and explain):

☒ race _____ ☐ color _____

☐ gender/sex _____ ☐ religion _____

☐ national origin _____

☒ age. My date of birth is 10/3/1962 (Give your date of birth only if you are asserting a claim of age discrimination.)

☐ disability or perceived disability, _____ (specify)

E. The facts of my case are as follow (attach additional sheets as necessary):

I'm being harassed by management ongoing. The supervisor is being very bias. The workload isn't being divided evenly amongst the employees. There is too much favoritism and unfairness being displayed. Management switched the black employees with seniority around like me, Joanne, desmond, and gary with less seniority. The spanish employees are very secur in their positions. The black employees has extra work by doing more than 2 buildings while other employees are doing an one half of building. Management had my coworker gary doing 4 buildings for more than 2 years and they expect me to be gary's back up person by having me to do the same.

Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights or the New York City Commission on Human Rights.

III. Exhaustion of Federal Administrative Remedies:

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding defendant's alleged discriminatory conduct on: February 8, 2016 (Date).

B. The Equal Employment Opportunity Commission (check one):

✓ has not issued a Notice of Right to Sue letter.
 issued a Notice of Right to Sue letter, which I received on 10/13/16 (Date).

Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.

C. Only litigants alleging age discrimination must answer this Question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (check one):

 60 days or more have elapsed.
 less than 60 days have elapsed.

IV. Relief:

WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, and costs, as follows: Human rights & EEOC did not bother to investigate my case. Yes I'm praying that the court grant me with justification. Thanks so very much for your time & cooperation!!!
 (Describe relief sought, including amount of damages, if any, and the basis for such relief.)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11 day of January, 2017.

Signature of Plaintiff

Address

Kayle R
40-05 Tenth Street
L.I.C., NY 11101
Apt # 3D

Telephone Number

Fax Number (if you have one)

646 406-1057

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Kaytina Brown**
40-05 Tenth Street Apt 3D
Long Island City, NY 11101

From: **New York District Office**
33 Whitehall Street
5th Floor
New York, NY 10004

☐

On behalf of person(s) aggrieved whose identity is
 CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

16G-2016-01625

Holly M. Woodyard,
State & Local Program Manager

(212) 336-6643

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

☐

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☐

The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

☒

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐

Other (briefly state)

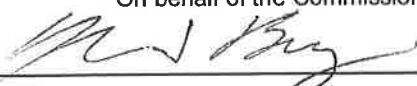
- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



Kevin J. Berry,
District Director

Enclosures(s)

JAN 13 2017

(Date Mailed)

cc:

Attn: Director of Human Resources
NEW YORK UNIVERSITY LANGONE MEDICAL
One Park Avenue, 4th Floor
New York, NY 10016



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FROM: (PLEASE PRINT) PHONE ()

Ms. Brown
40-05 Tenth Street Apt #3D
L.I.C., NY 11101

PAYMENT BY ACCOUNT (If applicable)

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SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

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☐ 10:30 AM Delivery Required (additional fee, where available*)
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United States District Court
Pro Se Unit, Room 200
500 Pearl Street
New York, NY
10007

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Date Accepted (MM/DD/YY) Scheduled Delivery Time Insurance Fee COD Fee

1/12/17 ☐ 10:30 AM ☐ 3:00 PM ☐ 12 NOON \$ \$

Time Accepted 10:30 AM Delivery Fee Return Receipt Fee Live Animal Transportation Fee

11/2/17 \$ \$ \$

Weight ☐ Flat Rate Sunday/Holiday Premium Fee Total Postage & Fees

lbs. 3 ozs. \$ 27.45

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Delivery Attempt (MM/DD/YY) Time Employee Signature

☐ AM ☐ PM

Delivery Attempt (MM/DD/YY) Time Employee Signature

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